

Consumer Protection Bureau
87 Nepperhan Ave
Room 212
Yonkers, NY 10701

City of Yonkers
Billposting & Distribution
License Application

Phone: 914 377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:
This license is not transferable.

Application must be accompanied with the following:

1. Photocopy of N.Y.S. Certificate of Authority. If you do not have this card, call the NYS Department of Taxation at (914) 933-2204 for information on how to apply for this card.
2. Photocopy of valid, state issued photo ID.
3. Two passport size photos of applicant.
4. \$50.00 check or money order made payable to the City of Yonkers.
5. Please note, application must be notarized.

Special Instructions:

A licensed billposter and distributor, while actually engaged in billposting or distribution of advertising material in the city, shall carry, and furnish upon request, the valid license issued by the Office of Licensing.

No person shall distribute, throw, drop or cause to be distributed or dropped in any of the streets or public squares of the city any posters, handbills, advertising cards or other substances used for the purpose of commercial advertising.

No person shall post any handbills, notices or advertisements of any kind on any house, wall or fence without the permission of the owner nor upon any post, flagstone, curbside, telegraph or telephone pole, shade tree, shade tree box, hydrant or other place in any street nor print, paint, stamp or otherwise mark any words, letters, figures, signs or tokens of any sort thereon.

LICENSING FEES AND EXPIRATION DATE

\$50.00/one year term
License expires 12 months from date of issuance.

Philip A. Amicone, Mayor
Office of Municipal Code Violations, Frank J. McGovern, Executive Director
Consumer Protection Bureau, Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name :

Address:

City/State/Zip:

Phone #:

E-mail:

Name of Business, Firm or Corporation Represented by Applicant:

Tax ID #:

Phone#

Address:

City/State/Zip:

Please list type of Goods/Wares/Merchandise/Services being advertised through said

Billposting/Distribution:

Please place a check next to all appropriate activities for which application is being made :

Bills:

Papers:

Pamphlets:

Books:

Samples:

I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: _____ Print name: _____

Notary Public

License #: _____

Date Issued: _____

Philip A. Amicone, Mayor
Office of Municipal Code Violations, Frank J. McGovern, Executive Director
Consumer Protection Bureau, Kerry O'Brien, Director